

**OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814**

Daniel J. Broderick
Federal Defender

Linda Harter
Chief Assistant Defender

October 23, 2007

FILED

Mr. John P. Balazs
Attorney at Law
916 Second Street, Suite F
Sacramento, CA 95814

OCT 25 2007
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____
DEPUTY CLERK

Re: U.S. v. David Maol Zambrano
Cr.S-02-283-DLJ

Dear Mr. Balazs:

This will confirm your appointment as counsel by the Honorable D. Lowell Jensen, U.S. District Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,


CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE Case 2:02-cv-000283-JAM Document 111 Filed 10/25/07 Page 2 of 3

2. PERSON REPRESENTED
Zambrano, David Malo

3. MAG. DKT./DEF. NUMBER

4. DIST. DKT./DEF. NUMBER
2:02-000283-002

5. APPEALS DKT./DEF. NUMBER

6. OTHER DKT. NUMBER

7. IN CASE/MATTER OF (Case Name)

8. PAYMENT CATEGORY

9. TYPE PERSON REPRESENTED

10. REPRESENTATION TYPE
(See Instructions)

U.S. v. Cunningham

Felony

Adult Defendant

Probation Revocation

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.
1) 21 841A=CD.F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)
AND MAILING ADDRESS

Balazs, John P.
916 Second Street, Suite F
Sacramento CA 95814

Telephone Number: (916) 447-9299

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)

13. COURT ORDER

O Appointing Counsel
 F Subs For Federal Defender
 P Subs For Panel Attorney

C Co-Counsel
 R Subs For Retained Attorney
 Y Standby Counsel

Prior Attorney's Name: _____

Appointment Date: _____

Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or

Other (See Instructions)

GREGORY G. HOLLOWSSignature of Presiding Judicial Officer or By Order of the Court
09/21/2007

Date of Order Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO

15. IN COURT SERVICES AND EXPENSES

	CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
	(Rate per hour = \$ 94)	TOTALS:				
16. Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
	(Rate per hour = \$ 94)	TOTALS:				
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
FROM _____ TO _____

20. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS Final Payment Interim Payment Number _____

Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: _____

Date: _____

23. IN COURT COMP.

24. OUT OF COURT COMP.

25. TRAVEL EXPENSES

26. OTHER EXPENSES

27. TOTAL AMT. APPR / CERT

28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER

DATE

28a. JUDGE / MAG. JUDGE CODE

29. IN COURT COMP.

30. OUT OF COURT COMP.

31. TRAVEL EXPENSES

32. OTHER EXPENSES

33. TOTAL AMT. APPROVED

34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment

DATE

34a. JUDGE CODE

approved in excess of the statutory threshold amount.

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OR FEE				
IN UNITED STATES		<input type="checkbox"/> MAGISTRATE	<input checked="" type="checkbox"/> DISTRICT	<input type="checkbox"/> APPEALS COURT OR
IN THE CASE		FOR		<input type="checkbox"/> OTHER PANEL (Specify below)
United States		AT		LOCATION NUMBER →
PERSON REPRESENTED (Show your full name) → DAVID MALO ZAMBRANO				
CHARGE/OFFENSE (describe if applicable & check box →) SUPERVISED RELEASE VIOLATION		<input type="checkbox"/> Felony	<input checked="" type="checkbox"/> Misdemeanor	DOCKET NUMBERS Magistrate District Court Court of Appeals →
1 <input type="checkbox"/> Defendant— Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other				
ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY				
EMPLOY- MENT	Are you now <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: Gordan Schwenmeyer, 650 Howe Ave, Sacramento, CA			
	IF YES, how much do you earn per month? \$ 8.50/hr -full time IF NO, give month and year of last employment How much did you earn per month? \$			
ASSETS	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, how much does your Spouse earn per month? \$			
	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$			
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED \$ _____ SOURCES _____			
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____			
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____			
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE \$ _____ DESCRIPTION _____			
PROP- ERTY	List persons you actually support and your relationship to them DEPENDENTS MARITAL STATUS SINGLE MARRIED WIDOWED SEPARATED OR DIVORCED Total No. of Dependents 1 Mariah, 4 (starting child support soon)			
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) APARTMENT OR HOME: rent, food, clothing cell phone court fees and DUI school child support starting soon Creditors Total Debt Monthly Paymt. \$ 400.00 \$ 100.00 \$ 2000.00+ \$?			

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

10/9/07

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)→ *David Zambrano*